

that India will break apart as the Austro-Hungarian Empire did.

The Akali leaders who walked out were clearly representing the Research and analysis Wing (RAW), the intelligence operation of the Indian government. Yet as Inderjit Singh Jaijee reported in *The Politics of Genocide*, more than 250,000 Sikhs were murdered by the Indian government, according to figures compiled by the Punjab State Magistracy. Another 52,268 are being held as political prisoners, according to the Movement Against State Repression (MASR.) Some of these political prisoners have been held since 1984.

Prime Minister Manmohan Singh has apologized for the November 1984 Delhi massacres in which over 20,000 Sikhs were killed. This establishes the guilt of the Indian government beyond any doubt. If he really wants to make amends, he should end India's occupation of Khalistan, the Sikh homeland that declared its independence on October 7, 1987.

India has also killed over 300,000 Christian in Nagaland, over 90,000 Muslims in Kashmir, and tens of thousands of Assamese, Bodos, Dalits, Manipuris, Tamils, and others. Tens of thousands of Muslims and Christians have been killed in other parts of the country. India is not a single country, but a multinational state that cannot hold together. We must do our part to see that this happens peacefully by supporting self-determination for all the people of South Asia. We should also cut off our aid to India and our trade as well until basic human rights are observed fully and enjoyed by all.

Mr. Speaker, the Council of Khalistan's recently issued a press release about the betrayal of the Sikhs by the Akali Dal. I would like to put this release into the RECORD for the information of my colleagues and the people.

AKALIS AGAIN BETRAY SIKH NATION

WASHINGTON, DC, NOV. 22, 2005.—On November 17, 2005, the Akali Dal again showed its true colors, as its leaders walked out of a seminar in Lahore after Dr. Gurmit Singh Aulakh, President of the Council of Khalistan, predicted the breakup of India during a speech in support of liberating Khalistan, the Sikh homeland, Khalistan. The Sarbat Khalsa passed a resolution on April 29, 1986 for a free Khalistan and established the Panthic Committee. The Panthic Committee declared Khalistan's independence on October 7, 1987, forming the Council of Khalistan to lead the independence struggle.

About 1,500 people attended the seminar. Dr. Aulakh predicted that Kashmir will soon be free and India will break up into six or seven countries and Khalistan will be free. The Akali leaders said, "We came to unite, not to divide India." This was a clear indication that those leaders were representing RAW, not those of the Sikh Nation. True Sikhs pray every morning "Raj Kare Ga Khalsa" ("the Khalsa shall rule.") Former Jathedar of the Akal Takht Professor Darshan Singh has said, "If a Sikh is not a Khalistani, he is not a Sikh."

India has murdered over 250,000 Sikhs since 1984, according to figures compiled by the Punjab State Magistracy and human rights groups and reported in the book *The Politics of Genocide* by Inderjeet Singh Jaijee. It has also killed more than 90,000 Kashmiri Muslims since 1988, over 300,000 Christians in Nagaland since 1947, and thousands of Christians and Muslims elsewhere in the country, as well as tens of thousands of Assamese, Bodos, Dalits ("Untouchables," the dark-skinned aboriginal people of South Asia), Manipuris, Tamils, and other minorities.

The Indian Supreme Court called the Indian government's murders of Sikhs "worse than a genocide." According to a report by the Movement Against State Repression (MASR), 52,268 Sikhs are being held as political prisoners in India without charge or trial. Some have been in illegal custody since 1984! Amnesty International reported that tens of thousands of other minorities are also being held as political prisoners. We demand the immediate release of all these political prisoners.

Cases were registered against dozens of Sikhs for raising the Sikh flag at the Golden Temple on the anniversary of the Golden Temple attack in the presence of over 30,000 Sikhs. Warrants have been issued for their arrest. The flag of Khalistan was also raised on Republic Day, January 26. 35 Sikhs were arrested at that time. Some of them have been denied bail.

Recently, Indian Prime Minister Manmohan Singh formally apologized to the Sikh Nation for the genocide against the Sikhs in November 1984 in which over 20,000 Sikhs were killed just in Delhi and surrounding areas while Sikh police were locked in their barracks and Indian radio and television called for more Sikh blood. This apology establishes the Indian government's responsibility for the genocide against the Sikh Nation. India must end its occupation of Khalistan, which is the root cause of this genocide. Sikhs are a sovereign nation and they are fighting for their freedom.

Indian police arrested human-rights activist Jaswant Singh Khaira after he exposed their policy of mass cremation of Sikhs, in which over 50,000 Sikhs have been arrested, tortured, and murdered, then their bodies were declared unidentified and secretly cremated. He was murdered in police custody. His body was not given to his family. History shows that multinational states such as India are doomed to failure. Countries like Austria-Hungary, India's longtime friend the Soviet Union, Yugoslavia, Czechoslovakia, and others prove this point. India is not one country; it is a polyglot like those countries. Steve Forbes, writing in *Forbes* magazine, said that India is doomed to disintegrate like the Austro-Hungarian Empire. "India is not a homogeneous state," Forbes wrote. "Neither was the Austro-Hungarian Empire. It attacked Serbia in the summer of 1914 in the hopes of destroying this irritating state after Serbia had committed a spectacular terrorist act against the Hapsburg monarchy. The empire ended up splintering, and the Hapsburgs lost their throne." India is doomed to fall apart just as Austria-Hungary and the others did.

"We must continue to pray for and work for our God-given birthright of freedom," Dr. Aulakh said. "We must continue to press for the liberation of Khalistan," he said. "Without political power, religions cannot flourish and nations perish. India claims to be a democracy. It is time it recognized the right of self-determination for all people in South Asia."

HONORING VIVIAN TAYLOR FOR HIS YEARS OF SERVICE TO THE JAMESTOWN CITY COUNCIL

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. HIGGINS. Mr. Speaker, I rise today to honor Vivian Taylor, a resident of Chautauqua County for his service to the people of Jamestown as a member of the Jamestown City

Council. Vivian has had the opportunity to serve as a strong member of the council and an active member of the community for many years.

The campaign trail is a difficult path to take. Any person with a dream may enter but only a few are able to reach the end. Mr. Taylor traveled that path with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Jamestown.

Vivian is one of those people that leave a huge impact on his community. For many years his efforts to better Jamestown have left a lasting impression not only on the city itself but on its residents. His face, voice, opinions and successes were a staple in the council. Our city and our residents are better for the undying work Mr. Taylor did during his tenure.

A true testimony to Vivian can be found in many areas of the county and in the many people whose lives he touched. One doesn't have to look far to see what a strong work ethic can do. What a true honor it must have been to pass the torch along to his grandson, Michael Taylor, as he ascended into the council. The Taylor family legacy is one to be respected and I'm sure it will continue for years to come.

Chautauqua County is blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Vivian is one of those people and that is why, Mr. Speaker, I rise to honor him today.

INTRODUCTION OF THE MEDICARE PHYSICIAN PAYMENT REFORM ACT OF 2005

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. STARK. Mr. Speaker, throughout this year, myself, my colleagues, and our staff have been bombarded by physician lobbyists desperate to prevent a 4.4 percent reduction in Medicare payments scheduled to go into effect in January 2006. While I can empathize with their desire for more money—who doesn't want a raise?—I think it's time that we quell this fevered pitch with a dose of reality and a few facts. That is why I am introducing the Medicare Physician Payment Reform Act today.

Without Congressional intervention, physician fees will decrease 4.4 percent next year and an estimated 5 percent reduction for many years thereafter. This is due to what is widely agreed upon to be a flawed formula in the payment system known as the sustainable growth rate (SGR).

That being said, it is important to note that even if the cuts go into effect next year, total spending for physician services would more than likely increase. This is because physicians have been steadily providing more services, and more intensive services, in recent years. While some growth may be desirable—for example providing additional preventive services—data show that much of the current growth has no clinical benefit or may even be harmful. Although I agree that our current SGR mechanism is flawed, I have serious reservations about repealing it without putting

something in its place that will account for the increase in volume and intensity of physician services in Medicare.

At the same time physician groups and members of Congress have been focused on the SGR, other issues with the physician fee schedule have emerged, including the accuracy of pricing for primary care services. These issues, although less well known, are critical to maintaining beneficiary access to high quality care. It has been 14 years since the current reimbursement system was implemented. It is time for Congress to receive an evaluation of how well this system is meeting its goals. In our effort to find a permanent solution to the SGR, we should not miss an opportunity to address these underlying issues.

Medicare Physician Payment Reform Act calls on the Medicare Payment Advisory Committee (MedPAC) to conduct a comprehensive review of the physician payment system, including recommendations on the accuracy of Medicare pricing and alternatives to the SGR. To allow time for MedPAC to complete their work, the bill provides for a 1.5 percent increase for the next 2 years for physicians.

The bill also provides two important additional components. First, the bill protects beneficiaries from Part B premium increases that would otherwise result from the physician update. Second, it repeals the so-called "45 percent trigger," which was created in the Medicare Modernization Act of 2003 to restrict Medicare's general revenue support. If this trigger is left in place, physician increases will force a counter-productive, cyclical effort to cut Medicare spending.

Given problems with potentially unjustifiable increases in volume and intensity of physician services, coupled with other perverse financial incentives in the system, repeal of the SGR is irresponsible and unaffordable. Likewise, the status quo is unacceptable. It is clear that problems with the physician fee schedule go far beyond the difficulties of the SGR, and Congress needs expert guidance to find solutions.

Congress has become quite proficient at short term solutions to Medicare physician payment problems. Unfortunately, this near-sighted view comes at the expense of other Medicare changes that could directly improve benefits or decrease costs for Medicare beneficiaries. This bill lays out a plan for a permanent solution enabling physicians to count on fair annual payment adjustments. It's better for physicians, patients and the American taxpayer.

Numerous proposals have been introduced to find solutions to these payment problems and such a fix is included in the Senate version of the pending budget reconciliation legislation. The concept of pay for performance is also heavily promoted as a potential solution, though everyone should admit that it would take many years for it to be implemented and prove effective.

I think it's imperative we ask the experts for their recommendations before acting, while at the same time ensuring access is maintained and beneficiaries are protected. The Medicare Physician Payment Reform Act of 2005 will provide the intellectual foundation to enable Congress to enact a thoughtful, permanent solution for the physician reimbursement system by 2008. I urge my colleagues to consider this approach as the best alternative to ensure that physicians are appropriately paid and beneficiaries are protected.

PERSONAL EXPLANATION

HON. TRENT FRANKS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. FRANKS of Arizona. Mr. Speaker, I deeply regret that I was unable to be present on the House floor to cast my vote in favor of H.R. 4297: the Tax Relief Extension Reconciliation Act of 2005. This bill will maintain and expand the low-tax environment that has catalyzed our Nation's now-booming economy. I strongly support this legislation. Please be assured that I would have voted in favor of the legislation had I been present, and I look forward to voting in favor of the conference report.

ONGOING OBSTACLES THAT MINORITY BUSINESSES FACE IN OBTAINING CONTRACTS

HON. CYNTHIA MCKINNEY

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Ms. MCKINNEY. Mr. Speaker, I support the extension of the Defense Department's program ensuring that its Federal contracting process in no way supports or subsidizes the discrimination that has long been a problem in the contracting business. The extension of the program through September 2009 is needed to help achieve that goal.

Congress has learned a great deal about the effects of discrimination in denying contracting opportunities for minority-owned businesses. The ugly reality is that contracting has long been dominated by "old-boy" networks that make it very difficult for African Americans, Latinos, Asians, and Native Americans to participate fairly in these opportunities, or even obtain information about them.

Years of Congressional hearings have shown that minorities historically have been excluded from both public and private construction contracts in general, and from Federal defense contracts in particular. Since its adoption, the Defense Department program, called the 1207 program, has helped level the playing field for minority contractors. But there is still more to do, as the additional information we have received since the program was last reauthorized makes clear.

Ever since the program was first adopted in 1986, racial and ethnic discrimination—both overt and subtle—have continued to erect significant barriers to minority participation in federal contracting. In cases, overt discrimination has prevented minority-owned businesses from obtaining needed loans and bonds. Prime contractors, unions, and suppliers of goods and materials have preferred to do business with white contractors rather than with minority firms.

These problems affect a wide variety of areas in which the Department offers contracts, and the problems are detailed in many recent disparity studies, including:

City of Dallas Availability and Disparity Study, Mason Tillman Associates, Ltd. (2002);

City of Cincinnati Disparity Study, Griffin & Strong, P.C. (2002);

Ohio Multi-Jurisdictional Disparity Studies, Mason Tillman Associates, Ltd. (2003);

Procurement Disparity Study of the Commonwealth of Virginia, MGT of America, Inc. (2004);

Alameda County Availability Study, Mason Tillman Associates (2004);

City of New York Disparity Study, Mason Tillman Associates, Ltd. (2005).

The 1207 program helps to correct these problems of discrimination without imposing an undue burden on white-owned businesses. Small businesses owned by white contractors are eligible to receive the benefits of the program if they are socially or economically disadvantaged.

All of us benefit when recipients of federal opportunities reflect America's diversity, and I'm proud to support the reauthorization of the 1207 program.

CONGRESSIONAL GLAUCOMA CAUCUS TRIBUTE TO STANLEY J. BUD GRANT, PRESIDENT & CEO, FRIENDS OF THE CONGRESSIONAL GLAUCOMA CAUCUS FOUNDATION

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 13, 2005

Mr. RANGEL. Mr. Speaker, a few years ago, several of my colleagues and I voiced our concerns about glaucoma and its devastating affects to Mr. Stanley Grant. What I will present today is the outcome of that encounter. I am pleased to share with this distinguished body the outstanding work of a responsive and caring citizen, Mr. Stanley J. Bud Grant. Mr. Grant is the President and CEO of the Friends of the Congressional Glaucoma Caucus Foundation. His leadership has brought to this endeavor the vision, the energy and the enthusiasm that has led the Foundation to achieve considerable success. As one of the Founding Members of the Congressional Glaucoma Caucus, a non-partisan body, I have observed the work of the foundation, first hand, and have watched the Congressional Glaucoma Caucus grow to more than 80 Members.

The mission of the Foundation is to serve as the action arm of the Congressional Glaucoma Caucus by providing free glaucoma and vision screenings for at risk groups in congressional districts throughout our beloved country. Screenings for diabetes and hypertension, both risk factors for glaucoma, are documented in the family history, with these screenings frequently being incorporated into the screening protocol.

The emphasis has been on glaucoma screenings since this dreaded eye disease affects more than 3,000,000 Americans and is a silent thief of sight. It can attack children, but is more commonly seen in the later years. Far too many of our people go blind from this disease without even knowing they had it. The true tragedy is that their sight could have been preserved if they had been screened and the disease caught in the early stages. Picture if you will, the boundless joy that the patient and the staff experience when sight is saved.

Since 2001, more than 82,000 men and women from all walks of life have been screened. The early signs of glaucoma were detected in 11,500 individuals. Another 13,000